Family PACT
Planning • Access • Care • Treatment

Starting Up Family PACT in Your Practice

Alert! It is the responsibility of the enrolled provider to ensure all associated practitioners and ancillary staff are fully informed of all aspects of the Family PACT Program.

Family PACT providers find these tips help integrate the Family PACT Program into their practice. Use the following information and questions to determine if you are ready for a successful program start-up.

1. What Services Must be Available?

- All temporary and permanent contraception methods including FDA approved drugs and supplies, fertility awareness methods, female and male sterilization, as well as limited infertility services.
  - The following contraceptives are to be available directly from the provider on site or by prescription: Oral Contraceptives; Emergency Contraceptive Pills; Contraceptive Injection(s); Spermicides; Male and Female Condoms; and Lactation Amenorrhea Method (LAM).
  - The following contraceptive methods may be provided on site or by referral: Contraceptive Implant(s); Intra-Uterine Contraceptives (IUCs); Diaphragm; Cervical Cap; Fertility Awareness Methods (FAM); and Female and Male Sterilizations.
- Comprehensive health history and base line physical examination for basic reproductive health assessment.
- Pregnancy testing, counseling and referral for all options appropriate to the test results.
- Screening, testing and treatment for STIs (sexually transmitted infections) on site.
- Screening for cervical cancer and Dysplasia follow-up.
- HIV testing and counseling.
- Hepatitis B immunization.
- Individual client-centered reproductive health education and counseling.
- Instruction for client breast and testicular self-examination.

Referral and Resource Network:

- Providers must establish referral resources in their community. Referral providers will need to be Family PACT and/or Medi-Cal providers.

OVER

Funded by California Department of Health Services, Office of Family Planning under contract No. 97-10882. Rev. 6/01

Starting Up Family PACT in Your Practice (cont.)

2. Have you checked office intake procedures to ensure client confidentiality?

- Sign-in sheets
- Review of eligibility requirements
- Reason for visit
- Chart placement
- Interview history area

3. Do staff members understand their role in implementing Family PACT?

Front Office Staff:

- Maintain client confidentiality during intake procedures
- Screen client for eligibility (residence, family size, income, insurance, confidentiality)
- Schedule timely appointments
- Certify clients, activate and distribute HAP Cards to clients
- Confirm client certification at each visit
- Re-certify clients yearly
- Understand purpose and scope of Family PACT Program

Back Office Staff:

- Primary purpose is client's risk of pregnancy or causing pregnancy and reproductive health
- If client is possibly pregnant, test for pregnancy before performing other services
- Provide clinical and preventive family planning and reproductive health services
- Make all family planning methods available as soon as indicated by history
- Conduct client-centered education and counseling
- Document services rendered

Clinicians and other staff:

- Use a Superbill to communicate the services performed to the other staff (e.g., billers)
- All services and procedures need to be documented on the client's chart
- A Family PACT Superbill needs to reflect the unique diagnosis codes of the program

Billing Staff:

- Process Superbills when billing for services rendered
- Provide feedback to clinicians on documentation on Superbills
- Submit claims according to Family PACT requirements
- Provide feedback to all office staff on claims paid and denied

Complete information on official program policies about administrative practices and client services can be found in the Policies, Procedures and Billing Instructions (PPBI) Manual.

Funded by California Department of Health Services, Office of Family Planning under contract No. 97-10882. Rev. 6/01